Home Health Certification and Plan of Care

Order ID: 1150/15925

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3ME1DH5XE25	12/04/2025	From: 02/02/2026 To: 04/02/2026	20167	217058

6. Patient's Name and Address
James Ruth
446 Stemmers Run Road,
Essex, MD 21221-
443-554-4364

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 06/19/1960 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G89.4	Chronic pain syndrome	12/04/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	12/04/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	12/04/25
M15.9	Polyosteoarthritis unspecified	12/04/25
S72.91XD	Unsp fracture of right femur subs for clos fx w routn heal	12/04/25
S62.102D	Fx unsp carpal bone left wrist subs for fx w routn heal	12/04/25
I48.91	Unspecified atrial fibrillation	12/04/25
G47.30	Sleep apnea unspecified	12/04/25
G25.81	Restless legs syndrome	12/04/25
K58.1	Irritable bowel syndrome with constipation	12/04/25
M54.2	Cervicalgia (M54.2)	12/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/04/25
F33.9	Major depressive disorder recurrent unspecified	12/04/25
E66.01	Morbid (severe) obesity due to excess calories	12/04/25
Z68.39	Body mass index [BMI] 39.0-39.9 adult	12/04/25
Z79.01	Long term (current) use of anticoagulants	12/04/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/04/25
Z87.891	Personal history of nicotine dependence	12/04/25
Z96.651	Presence of right artificial knee joint	12/04/25
Z91.81	History of falling	12/04/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Extra Strength Tylenol - Acetaminophen 500mg, take 2 tablets by mouth three times a day Pain
Amiodarone Hydrochloride - Amiodarone Hydrochloride 200 mg Take 1 tablet, by mouth in the morning Heart
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4 MG CAPSULE by mouth once a day BPH
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1.25mg, take 1 capsule by mouth Monthly On the 5th of every month for Vitamin D deficiency
Furosemide - Furosemide 20 MG TABLET, by mouth in the morning Fluid pill
BUPRENORPHINE-NALOX 8-2MG FILM,Tablet by mouth every 8 hours Pain
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 25 MG TAB, by mouth at bedtime HTN. Hold for SBP less than 110 or HR is less than 60
Jantoven - Warfarin Sodium 4 MG TABLET by mouth once a day Anticoagulant
Miralax - Polyethylene Glycol 3350 17gm by mouth once a day For constipation
Lidocaine - Lidocaine 4% topical once a day Remove at bedtime
Albuterol Sulfate - Albuterol Sulfate 108 MCG/ACT by mouth as necessary 2 puffs by mouth 4 hours as needed

14. DME and Supplies:
hospital bed, wheelchair, rolling walker

15. Safety Measures:
restricted ROM, standard precautions, diabetic precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
diabetic

17. Allergies:
heparin mushroom seasonal allergy stress test medication

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Wheelchair, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: limited AROM, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic pain syndrome, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device

Clinical Condition Requiring Homecare: The patient is a morbidly obese male with a history significant for right femur open reduction and internal fixation, left total knee replacement, and osteoarthritis affecting multiple joints. He currently resides in the basement of his son's home. On assessment, the patient has made limited progress with sit-to-stand transfers and is able to ambulate approximately 15 feet with contact guard assistance using a walker. He continues to demonstrate significant limitations in functional mobility and is unable to safely negotiate stairs. Ongoing skilled physical therapy is medically necessary to further address deficits in transfers, functional mobility, gait, and stair negotiation to improve safety and independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/30/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 11/26/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX : Chronic pain syndrome
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 4 - Recertification PT Notes: due to chronic pain<o:p></o:p> Physician: Rollins Mrs., Lawanda

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 11/26/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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PT Careplans

PT WK1: 1 (02/02/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26) ,WK4: 2 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: wfl

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, limited range of motion, limited strength, weak hand grips

PROCEDURES: cough/deep breathing exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Sit to Stand - 06.

PT Goals

PATIENT-STATED GOAL: To stand and walk independently

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Walk 150 Feet - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
01/30/2026

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Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/30/2026